LFUCG TRAFFIC ENGINEERING PERMIT REQUEST FORM

TYPE OF REQUEST: Circle all that apply

STREET	LANE	SIDEWALK	CONTAINER
CO	OMPANY:		
CONTACT	PERSON:		
	PHONE:		_
CELI	L PHONE:		
	FAX:		
	EMAIL:		
	LOCAT	TION INFORMATION	
	STREET:		
	STREETS / SECTION:		
	SKETCH:		
REQUESTED I AND TIMES:	DATES		
WORKING FO	R WHO:		
REMARKS:			

Fax form to (859)425-2054 at least three days before permit is needed. Division staff will contact you and/or fax permit based on information provided.